

MMWR Highlights

State Medicaid Coverage for Tobacco-Dependence Treatments—United States, 2007

Highlights

- Medicaid expenditures attributable to smoking total nearly 22 billion dollars annually, representing 11% of all Medicaid expenditures.
- One of the Healthy People national objectives for 2010 is to expand coverage of evidence-based treatments for nicotine dependence in all 51 Medicaid programs.
- In 2007, 33% of adult Medicaid enrollees smoked cigarettes, which is substantially higher than the general population of 19.8%.
- The number of Medicaid fee-for-service (FFS) programs covering effective tobacco-dependence treatments has increased over time—from 23 programs in 1998 to 43 in 2007; however, Medicaid still falls short of national goals for overall coverage of pharmacotherapy (also known as cessation medication) and counseling.
- Of the 25 states covering pharmacotherapy for Medicaid enrollees in both FFS and managed care organizations, only 13 states cover the same tobacco-dependence treatments for enrollees in both populations.
- In order to achieve Healthy People 2010 objectives, 45 Medicaid programs need to expand their coverage to include all FDA-approved pharmacotherapies and recommended behavioral therapies (counseling).

State Medicaid Coverage

- Tobacco-dependence treatments are highly cost-effective; however, coverage for tobacco-dependence treatments differs widely from state to state.
- FFS Medicaid enrollees in Oregon have coverage for all FDA-approved pharmacotherapies and three forms of tobacco-use cessation counseling, while FFS Medicaid enrollees in Alabama, Connecticut, Georgia, Missouri, Nebraska, and Tennessee do not have access to any coverage.
- Of the 51 FFS Medicaid programs, 43 (84%) reported coverage for at least one tobacco-dependence treatment (medication and/or counseling); two additional programs (Arizona and Washington) reported coverage for pregnant women only.
- Forty-one Medicaid FFS programs covered some form of pharmacotherapy (i.e., nicotine replacement gum, patches, nasal spray, inhaler, lozenges; and non-nicotine cessation medications, Chantix®, and Zyban® [or Zyban's generic equivalent]).

- Of the 26 states that cover tobacco cessation counseling, only four (Kentucky, Oregon, Utah, and West Virginia), provide support for telephone counseling using Medicaid funds, although telephone counseling is available for free in every state through quitlines by dialing 1-800-QUITNOW.
- While 43 Medicaid programs cover some form of tobacco-dependence treatment in their FFS population, all but two states (New Mexico and New Jersey) place restrictions on this coverage through copayments, stepped-care requirements, enrollment in counseling in order to obtain medication, limitations on number of treatment courses, and by not covering combined treatments. These are barriers to obtaining treatment.
- The updated 2008 Public Health Service Clinical Practice Guideline called upon all insurers, including Medicaid, to provide comprehensive coverage of effective treatments—both counseling and medication—without restrictions.
- To guarantee that all Medicaid enrollees have access to recommended tobacco-dependence treatments without barriers or limitations in Medicaid populations, comprehensive tobacco cessation benefits (medications and counseling) need to be included as part of the federally mandated core Medicaid benefit package.